## ESSENTIALITY CERTIFICATE – A

Certificate granted to Mr/Mrs/Miss	
wife/son/daughter of Mr	employed in
the	

## <u>CERTIFICATE – A</u>

I Dr		hereby	certify
(a) that I charged and received Rs	(Rupees		
	) only for	consultations	(dates
to be given) at my consultations room	n/at the residence of	f the patient.	

\_(Rupees\_ (b) that I charged and received Rs.\_\_\_\_\_ \_\_\_\_\_) for administering only \_\_\_\_\_at my consultations room / at

the residence of the patient.

(c) that the injections administered were not for immunizing or prophylactic purpose.

the patient under (d) that has been treatment at hospital and that the under mentioned hospital medicines in my consulting room prescribed by me in this connection were essential for the recover / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the \_ (name of the hospital), do not include preparations for which cheaper substances of equal there pubic value are available not preparation which are primarily foods, toilets or disinfections.

Name of Medicines	Price	Name of Medicines	Price

(e) that the patient is/was suffering from \_\_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

(f) that the patient is/was not given pre-natal or post-natal treatment.

(g) that the X-ray, laboratory test etc. for which an expenditure of Rs.\_\_\_\_\_\_\_(Rupees \_\_\_\_\_\_\_) only was incurred / was necessary and were under taken or my advice at \_\_\_\_\_\_\_(name of the hospital or laboratory).

(h) that I referred the patient to Dr.\_\_\_\_\_\_\_
for specialist consultation and that the necessary approval of the \_\_\_\_\_\_\_\_\_
9name of the Chief Administrative Officer of the State) as required under the rules was obtained.

(i) that the patient did not require/required hospitalization.

Date :

Signature & Designation of the Medical Officer and hospital / Dispensary to which attached.